

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))	5	-20* =	0	x \$ _____ =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2	-3** =	0	x \$ _____ =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	370.00
				Total of above Calculations =	
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	370.00

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 1212/10012299/GNS
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 370.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: _____

NOTE:

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> New correspondence address below	
(Insert Customer No. or Attach bar code label here)			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print IType)	Gina N. Shishima
Signature	Michael C. Barrett (44,523) for Gina Shishima
Registration No. (Attorney/Agent)	45,104
Date	5/13/02



CERTIFICATE OF EXPRESS MAILING	
NUMBER	EL 794536973 US
DATE OF DEPOSIT	May 13, 2002

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Roth

Serial No.: 09/447,681

Filed: November 23, 1999

For: ADENOVIRUS p53 COMPOSITIONS
AND METHODS

Group Art Unit: 1632

Examiner: Crouch, Deborah

Atty. Dkt. No.: INRP:003--2/GNS

PRELIMINARY AMENDMENT

Commissioner for Patents
Washington, D.C. 20231

Commissioner:

Please amend this application as follows:

In the Claims

Please add the following claims:

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- C1 --86. An adenovirus vector comprising a wild type p53 gene under the control of a promoter.
87. The vector of claim 86, wherein the promoter is the β -actin promoter.
88. The vector of claim 86, wherein the promoter is the SV40 promoter.
89. The vector of claim 86, wherein the promoter is the RSV promoter.--
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